

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

March 2, 2015

Ms. Catherine Rooney, Administrator
Owen House, Ltd
3 Union Street
Fair Haven, VT 05743-1028

Dear Ms. Rooney:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 28, 2015**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl

PRINTED: 01/29/2015
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0382	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/28/2015
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NAME OF PROVIDER OR SUPPLIER
OWEN HOUSE, LTD

STREET ADDRESS, CITY, STATE, ZIP CODE
3 UNION STREET
FAIR HAVEN, VT 05743

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An on-site complaint investigation was conducted by the Division of Licensing and Protection on 1/28/2015. There were findings surrounding this investigation.	R100		
R188 SS=A	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(2) A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to have complete medical records for 1 resident, Resident #1. Findings include: On 1/28/2015 at 1:30 PM, during record review for Resident #1, there was no evidence of emergency contact address or telephone number, nor instructions in the event of death of the resident. Further review presented that there was no signed admission agreement. Confirmation was made by the owner at this time.	R188		

~~R188~~
R188
Have contacted 2/2/15 residents payee and social worker for them to go thru his records for any of this information that is needed for record.
There is a signed agreement in file if resident was given

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

0099

Y10V11

If continuation sheet 1 of 4

R188 - R237 POCs accepted 2/24/15 BERTALAN/AME

Division of Licensing and Protection

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R188	Continued From page 1 that there was no evidence of emergency contact information, nor instructions in the event of the resident's death. S/he further confirmed that there was no evidence of a signed admission agreement. S/he stated that the rates had recently changed and it had been sent to his case manager to be signed. When this surveyor inquired as to where the previous agreement was, s/he stated that it should be in the medical record and does not know where it is.	R188	copies also	2/2/15
R227 SS=D	VI. RESIDENTS' RIGHTS 6.15 Residents have the right to refuse care to the extent allowed by law. This includes the right to discharge himself or herself from the home. The home must fully inform the resident of the consequences of refusing care. If the resident makes a fully informed decision to refuse care, the home must respect that decision and is absolved of further responsibility. If the refusal of care will result in a resident's needs increasing beyond what the home is licensed to provide, or will result in the home being in violation of these regulations, the home may issue the resident a thirty (30) day notice of discharge in accordance with section 5.3.a of these regulations. This REQUIREMENT is not met as evidenced by: Based on resident and staff interview, the facility failed to allow one resident, Resident #1, the right to refuse care to the extent allowed by law. Findings include: 1. During interview on 1/28/2015 at 11:48 AM, Resident #1 stated that s/he does not like most of	R227	R227 There is posted on menu for substitute of meals we do not withhold desserts any longer and as each resident is seen by their physician I am having them state the residents diet restrictions on	

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R227	<p>Continued From page 2</p> <p>the foods that are served and that s/he can't have seconds if there is something that you do like to eat. S/He further stated that s/he has been told that if s/he doesn't eat, then s/he can't have dessert and if s/he doesn't eat what is served, then s/he doesn't get anything. Resident #1 further stated that s/he shouldn't have to eat what they don't like and should have dessert if they want to. Per interview with the owner on 1/28/15 at 2:00 PM, the residents are on Heart Healthy Diets. S/he confirmed that there is no evidence from the physician to support the decision to serve therapeutic diets or to withhold desserts.</p> <p>2. Resident #1 during interview on 1/28/2015 at 11:48 AM stated s/he can't take walks unless it is on the property grounds and s/he doesn't like the feelings that s/he can't be trusted to go for a walk on her/his own. Resident #1 said that s/he doesn't like being made to feel like s/he has not advanced enough to be trusted. Per review of the survey results from the Division of Licensing and Protection dated January 2014, the Plan of Correction (POC) was to include that a written safety contract on why some restrictions are in place for the resident's safety would be part of the resident record and that by not complying with the contract, that they would be in jeopardy of losing placement from the home with a 30 day written notice of discharge. At 1:30 PM, per interview with the owner, the resident is unsafe to walk by her/himself about town and when s/he has done so in the past, the police have been notified and when she is found, the owner has told the police to notify his case manager because it has been reviewed with Resident #1 as to why they should not leave the facility grounds by themselves. S/he confirmed that there is no evidence of a safety contract for Resident #1 as indicated by the POC.</p>	R227	<p>dr. orders.</p> <p>I am also working w/ resident #1 case worker for writing up a safety contract 3/15/15</p>		

Division of Licensing and Protection
STATE FORM

0009 YIOV11

If continuation sheet 3 of 4

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R237 SS=C	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.1.a. (6) There shall be a written physician's order in the resident's record for all therapeutic diets.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to have written physician's order in the resident's record for all therapeutic diets for 1 of 2 residents reviewed, Resident #1. Findings include:</p> <p>During interview on 1/28/2015 at 11:48 AM, Resident #1 stated that s/he does not like most of the foods that are served and that s/he can't have seconds if there is something that you do like to eat. S/He further stated that s/he has been told that if s/he doesn't eat, then s/he can't have dessert and if s/he doesn't eat what is served, then s/he doesn't get anything. Resident #1 further stated that s/he shouldn't have to eat what they don't like and should have dessert if they want to. Per interview with the owner on 1/28/15 at 2:00 PM, s/he stated that the residents are on Heart Healthy Diets. S/he confirmed that there is no evidence from the physician to support the decision to serve therapeutic diets or to withhold desserts</p>	R237	<p>R237 2/2/15</p> <p>Menu has posted substitute for meal -</p> <p>the only time there is not 2nd's is for the portioned meats but there is always plenty of Vegetable/Pot/Pasta for 2nd's</p> <p>Desserts are given 1) per resident regardless of finishing meal.</p>	

Division of Licensing and Protection
STATE FORM

6899 Y10V11

If continuation sheet 4 of 4